



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

DALLAS TX 75231

#### **Requestor Name and Address**

STEVEN THORNTON MD  
8210 WALNUT HILL LANE SUITE 130

#### **Respondent Name**

INDEMNITY INSURANCE CO OF NORTH  
AMERICA

#### **Carrier's Austin Representative Box**

Box Number 15

#### **MFDR Date Received**

APRIL 14, 2011

#### **MFDR Tracking Number**

M4-11-2792-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "29875 is not global to 29881 see Medicare CCI edit & operative report showing separate procedure."

**Amount in Dispute:** \$2942.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The Requestor contends that CPT Code 29875 is not global to CPT Code 29881 and should have been reimbursed separately. This contention is not supported by the documentation or the operative report, which fails to establish that an arthroscopic synovectomy (excision of all or part of the synovial membrane) was performed. It is Respondent's position that CPT Codes 29881 and 29875 would not be reimbursed separately based on the NCCI Correct Coding Initiative."

**Response Submitted by:** Downs & Stanford, P.C., 2001 Bryan St., #4000, Dallas, TX 75201

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 28, 2010	CPT Code 29875-51	\$2942.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated July 9, 2010

- 45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- W1-Workers compensation state fee schedule adjustment.

Explanation of benefits dated March 24, 2011

- 113-001-Network import re-pricing-Contracted Provider.
- 113-022-Export/import re-pricing explanation 2: 015 Rockport Healthcare Grp.
- 509-Correct Coding Initiative Bundle Guidelines indicate this code is a comprehensive component of another code on the same day as code 29881.
- 900-Based on further review, no additional allowance is warranted.

## **Issues**

1. Does a contractual agreement issue exist?
2. Is the requestor entitled to additional reimbursement for CPT code 29875-51?

## **Findings**

1. According to the explanation of benefits, the carrier paid the services in dispute in accordance with a contracted or legislated fee arrangement. The "PPO Discount" amount on the submitted explanation of benefits denotes a \$57.94 discount was taken. The Division finds that the respondent did not submit a copy of a contractual agreement to support the discount. Therefore, the disputed services will be reviewed per applicable Division rules and guidelines.
2. 28 Texas Administrative Code §134.203(a)(5), states "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

According to the submitted explanation of benefits the insurance carrier denied reimbursement for CPT code 29875-51 based upon reason code "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated"; and "509-Correct Coding Initiative Bundle Guidelines indicate this code is a comprehensive component of another code on the same day as code 29881".

CPT code 29875 is defined as "Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)."

Per the National Correct Coding Initiative, CPT code 29875 is a component of code 29881. The use of an appropriate modifier is allowed to differentiate the service.

The requestor used modifier 51 to differentiate code 29875 from 29881.

Modifier 51 is defined as "When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s).

A review of the Operative report indicates that the claimant underwent "Left partial medial meniscectomy; Chondroplasty of left medial femoral condyle; and Arthroscopic debridement of anterior ASC cyst."

The requestor states in the position summary that "29875 is not global to 29881 see Medicare CCI edit & operative report showing separate procedure."

The respondent states in the position summary that "The Requestor contends that CPT Code 29875 is not global to CPT Code 29881 and should have been reimbursed separately. This contention is not supported by the documentation or the operative report, which fails to establish that an arthroscopic synovectomy (excision of all or part of the synovial membrane) was performed. It is Respondent's position that CPT Codes 29881 and 29875 would not be reimbursed separately based on the NCCI Correct Coding Initiative."

The Division finds that the operative report does not support CPT code 29875-51 was performed. The Division's further finds that the requestor's position that CPT code 29875-51 was a separate procedure is not supported. Therefore, the Division concludes that the documentation does not support billing of CPT code 29875-51. As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	7/26/2012
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**